



pennsylvania
DEPARTMENT OF HUMAN SERVICES

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: **AUG 25 2018**

Mr. Edward Frantz, Vice President & Secretary
MS Lower Makefield SH, LLC
Attn: Alma Tomlin
7902 Westpark Drive
McLean, Virginia 22102

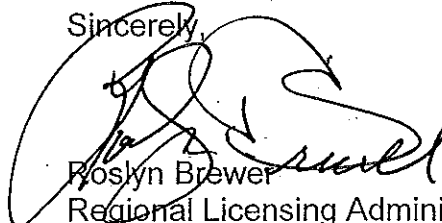
RE: Sunrise Senior Living of Lower Makefield
631 Stony Hill Road
Yardley, Pennsylvania 19067
Certificate # 138090

Dear Mr. Frantz:

As a result of the Department of Human Services' licensing inspection on 3/22/16, on which we conducted on-site inspections] of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Sincerely,



Roslyn Brewer
Regional Licensing Administrator

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600

Page 1 of 2

PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD		License Number: 13809
Address: 831 STONY HILL ROAD, YARDLEY, PA 19067		County: Bucks
Administrator: Tashba Graham		Region: SOUTHEAST
Legal Entity Name: MS LOWER MAKEFIELD SH LLC		
Legal Entity Address: 7902 WESTPARK DRIVE, MCLEAN, VA 22102		
Certificata(s) of Occupancy		
Staffing Hours		
Resident Support: 0	Total Daily Staff: 143	Working Staff: 107
Type of Inspection: Partial	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s)		
Incident		
On-Site Inspections Dates and Department Representatives On-Site		
03/22/2016: Kazimer, Lauren; Keppel, Autumn		
Off-Site Inspection Dates and Inspectors, if Applicable		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 95	Number of Residents who:	
Number of Residents Served: 88	Receive Supplemental Security Income: 0	
Secured Dementia Care Unit In Home: Yes	Are 60 Years of Age or Older: 88	
Area:	Have Mental Illness: 3	
Secured Dementia Unit Capacity, if Applicable: 29	Have an Intellectual Disability: 0	
Number of Residents Served in Secured Dementia Care Unit, if applicable: 28	Have a Mobility Need: 55	
Number of Current Hospice Residents: 11	Have a Physical Disability: 1	
Number of Hospice Residents in past year: 27		

Violation Report: 13809 - 03/22/2016 - Kazimer, Lauren
PCH Name: SUNRISE SENIOR LIVING OF LOWER MAKEFIELD

1. REGULATION 65 Pa.Code §2600
2600.15(a) - The home shall immediately report suspected abuse of a resident served in the home in accordance with the Older Adults Protective Services Act (35 P.S. Sections 10225.701 - 10225.707) and 6 Pa. Code Sections 15.21 - 15.27 (relating to reporting suspected abuse) and comply with the requirements regarding restrictions on staff persons.

2a. DESCRIPTION OF VIOLATION

On 3/16/2016, an allegation of abuse against resident #1 was made in the presence of staff person A. The home was not made aware of the allegation until 3/16/18 when resident #1's family member addressed it with staff person B.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Please See Attached Documents.
Kahlberg 6/17/16

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative (Required on EVERY Page) *[Handwritten Signature]*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Francine Szatkowski Date 6/17/16

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6/23/16 (Date)


Plan of correction implementation status as of 6/23/16 (Date)

The above plan of correction was approved by *[Handwritten Signature]* (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Sunrise Senior Living Plan of Correction

Name of Personal Care Home: Sunrise Senior Living of Lower Makefield
Address of PCH: 631 Stony Hill Road, Yardley, PA 19067
License number: 138090
Inspection date(s): 3/22/16
Name/Title of Legal Entity Representative Signing the Plan of Correction:
Francine Szatkowski, Administrator/Business Office Coordinator

Signature of Sunrise Representative: 
Date of Submission: 6/17/16

Regulation 55 Pa. Code § 2600	Target Date by Which Correction will be completed	Plan of Correction
2600.15 (a)	3/23/16	The Personal Care Coordinator issued a Performance Counseling to Staff Member A in which the expectation that all concerns regarding residents, including abuse allegations, must be reported to a member of the Coordinator team immediately. Staff Member A stated that she agreed with the Performance Counseling and that she understood the reporting requirement moving forward.
	3/25/16	The Resident Care Director retrained the staff members that provide direct care to the residents on the requirement that all witnessed, suspected, and alleged abuse be reported to a member of the coordinator team immediately.
	6/1/16	The Administrator discussed the policy regarding abuse reporting requirements during the monthly staff meeting. Staff members were reminded that alleged, suspected, or witnessed resident abuse must be reported immediately to the Area Agency on Aging (AAA) via telephone, with follow up documentation sent to the AAA and the Department of Human Services.
	On-going	The coordinator team will support staff members on an ongoing basis in regards to the timely reporting of abuse allegations. Staff members will receive monthly training on a variety of resident safety and abuse prevention topics to ensure that any concerns are identified and addressed in a timely fashion.

Responses on the enclosed plan of correction do not constitute an admission or agreement of the truth of the facts alleged or the conclusion set forth in the regulatory report. The responses are prepared solely as a matter of compliance with law.